



State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
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September 2006

TO: State Health Benefits Program Participating Local Education Employers
FROM: New Jersey State Health Benefits Program
SUBJECT: SHBP Open Enrollment 2006 — Local Education Employers

The State Health Benefits Program (SHBP) Open Enrollment Period for local Board of Education employees will begin on **October 1, 2006 and end on October 31, 2006**. All changes to coverage made during this open enrollment will be effective on January 1, 2007.

Completed employer-certified health benefit and/or dental applications should be forwarded to the Health Benefits Bureau as soon as they are received from employees. The last day that certified applications may arrive at the Health Benefits Bureau to be effective for the start of the new plan year is November 6, 2006.

In keeping with its current policy, the SHBP will not provide health fairs during this year's open enrollment period.

RATES FOR 2007

The State Health Benefits Commission has approved new health and prescription drug plan rates for the 2007 plan year. These rates are based upon the recommendation of the Commission's actuarial consultant, Aon Consulting. Since the SHBP self-funds all of its medical plans, the claims experience used in projecting 2007 costs are based upon the actual claims experience of the group.

Effective January 1, 2007, SHBP plan rates for the Local Education Active Group will see the following percentage of change:

	NJ PLUS	Traditional Plan	HMO Plans (Composite Change)	Employee Prescription Drug Plan	Dental Expense Plan	Dental Plan Organizations (DPO)
Local Education Employers with Separate Rx Coverage	5.1%	11.9%	5.2%	– 8.1%	0%	0% (Aetna 2.5% Horizon –5.3%)
Local Education Employers without Separate Rx Coverage	5.1%	11.9%	5.2%	– 8.1%	0%	0% (Aetna 2.5% Horizon –5.3%)

NEW COPAYMENT AMOUNTS FOR 2007

The State Health Benefits Commission has approved new medical and prescription drug plan copayments amounts for Local Education Active Group members as well as for **all** Retirees. The new copayments are listed below become effective January 1, 2007.

- For **NJ PLUS** and **all HMOs** (Aetna, AmeriHealth, CIGNA, Health Net and Oxford), the copayment for primary doctor visits and visits to a specialist will be \$10.
- The copayments for **Local Education Active Group** members enrolled in the **SHBP Employee Prescription Drug Plan** for each 30 day supply purchased at a retail pharmacy will be \$3 for generic drugs and \$10 for brand name prescription drugs. Mail order copayments for up to a 90-day supply will be \$5 for generic drugs and \$15 for brand name prescription drugs.
- For **Retirees** in the Retiree Prescription Drug Plan under **NJ PLUS** and the **Traditional Plan**, effective January 1, 2007, retail pharmacy copayments for a 30-day supply will increase to \$8 for generic drugs; \$17 for preferred brand name drugs; and \$34 for all other brand name prescription drugs. The mail order copayments for a 90-day supply will increase to \$8 for generic drugs, \$25 for preferred brand name drugs, and \$42 for all other brand name prescription drugs. Effective January 1, 2007, the annual maximum out-of-pocket for prescription drug copayments is \$1,082 per person. Once a person has paid \$1,082 in copayments, that person is no longer required to pay any prescription drug copayments for the remainder of that calendar year.

MEDICAL, DENTAL, AND PRESCRIPTION DRUG PLAN CHANGES

The plan changes that will effect Local Government Active Group members are as follows:

- **EXTENDED COVERAGE FOR OVER AGE CHILDREN TO AGE 30** — During the Open Enrollment period — and under the provisions of Chapter 375, P.L. 2005 — certain over age children may elect coverage with the SHBP from the time their dependent coverage eligibility would normally end until their 30th birthday.

An over age child by blood or by law must meet all of the eligibility requirements outlined as follows:

1. Be less than 30 years of age;
2. Be unmarried;
3. Have no dependent(s) of his or her own;
4. Be a resident of New Jersey or enrolled as a full-time student at an accredited public or private institution of higher education; and
5. Have no other coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, church plan, or health benefits plan, or entitled to benefits under Medicare.

The SHBP covered parent is responsible for the full cost of this extended coverage and will be billed on a monthly basis.

For more information see Fact Sheet #74, *SHBP Coverage for Over Age Children to Age 30*, which is available on our Web site at: www.state.nj.us/treasury/pensions/shbp.htm or by calling the Division of Pensions and Benefits.

- **ELIMINATION OF DUPLICATE COVERAGE** — At a special meeting of the State Health Benefits Commission on September 5, 2006, the Commission approved the publication of a proposed change to the New Jersey Administrative Code to prohibit duplicate health coverage under the State Health Benefits Program (SHBP). There will be a 60-day period for public comment.

If the Commission approves the rule change following the public comment period, an individual covered under the SHBP will be permitted to have coverage as member or a dependent, but not as both. For example, if a husband and wife are both eligible for coverage under the SHBP as employees, each may elect single coverage or one may elect member/spouse coverage (covering the spouse as a dependent) provided that the spouse does not elect his or her own SHBP coverage. Qualified dependent children are only eligible for coverage under one parent.

If approved, employees who are covered under the SHBP as an employee and a dependant can expect to receive notification from the SHBP that they must terminate one of the coverages. The effective date of coverage termination will be in early 2007.

- **EMPLOYEE DENTAL PLANS** – The SHBP Employee Dental Plans are available to participating local employers who adopt this benefit for their active employees and eligible dependents. Employers and employees should see Fact Sheet #37, *SHBP Employee Dental Plans*, for a description of the plans and a chart outlining the benefits.
- **NEW SPOUSES AND DOMESTIC PARTNERS** — Employees who are *newly married*, or enrolling in the SHBP for the first time during the Open Enrollment, and are enrolling their spouse as a dependent are required to provide a copy of the marriage certificate at the time of enrollment. Similarly, if an employee is permitted by the employer to enroll an eligible domestic partner as a dependent, a copy of the *NJ Certificate of Domestic Partnership* is required at the time of enrollment. To ensure that the documentation submitted is properly matched to the employee's record, the Health Benefits Bureau is requesting that employers provide the employee's Social Security number on the copy of the marriage/partnership documentation.

OPEN ENROLLMENT INFORMATIONAL MATERIALS

MILESTONES — Enclosed is a milestone chart that lists the critical dates of the open enrollment period and outlines the efforts being made to educate employees. Please use this chart as a checklist to guide your activities during open enrollment.

RATE CHARTS — Enclosed you will find approved rates for SHBP health and prescription drug plans. We have included rate charts for employers with and without prescription drug coverage. The listed rates are effective January 1, 2007 through December 31, 2007.

HEALTH CAPSULE — The *Health Capsule* newsletter announces the SHBP Open Enrollment Period to employees and presents important information and changes that may affect their benefit selection. The newsletter will be posted to the Division's Web site and is scheduled for delivery to Local employers and as soon as printing is completed. Please distribute them to your employees when received.

HEALTH PLAN CONTACTS — Also included in this mailing is a listing of marketing contacts for the various health and dental plans. Use these contacts to obtain provider directories or other plan specific literature. (These telephone numbers are not for member services. Please do not give these telephone numbers to your employees.)

HEALTH AND DENTAL PLAN APPLICATIONS — The State Health Benefits Program currently has two separate applications: one application is for enrolling into the health plans (including prescription drug coverage) and the other application is for enrolling into the Employee Dental Plans. The health plan application has been recently revised and a copy is attached. Please check that you are using the newest versions. The health and dental applications are available for download from the SHBP home page at: www.state.nj.us/treasury/pensions/shbp.htm

HEALTH PLAN COMPARISON SUMMARY CHART — With the changes to Local Group and Retiree copayments, the SHBP is again able to produce a single *Plan Comparison Summary* charts for State employees, Local Government/Educational employees, and all Retirees (State and Local Government/Educational). The comparison charts are currently being printed and copies will be shipped to employers as soon as they are available.

SUMMARY PROGRAM DESCRIPTION (SPD) BOOKLET — The SHBP *Summary Program Description* has been revised for the 2007 plan year. The booklet is currently being printed and copies will be shipped as soon as they are available. The SPD is currently available for viewing over the Internet at: www.state.nj.us/treasury/pensions/shbp.htm

PLAN HANDBOOKS — The SHBP's member handbooks for the Traditional Plan, NJ PLUS, and the Employee Prescription Drug Plan are being revised for the 2007 plan year and will be available early in 2007. HMO handbooks are also being prepared by the individual HMOs for distribution. The SHBP Dental Plans was revised for the 2006 plan year and can continue to be used for the 2007 plan year.

ONLINE INFORMATION

The SHBP's plan comparisons, member handbooks, newsletters, and rate information are available over the Internet at the State Health Benefits Program home page: www.state.nj.us/treasury/pensions/shbp.htm

Participating provider information for all SHBP medical plans is available in the Unified Provider Directory (UPD). The UPD is an online service that provides a comprehensive listing of health care providers and facilities that deliver their services through one or more of the SHBP's health care plans. Updated monthly, you can access the UPD through the SHBP home page at: www.state.nj.us/treasury/pensions/shbp.htm

ADDITIONAL INFORMATION

If you have any questions about the SHBP Open Enrollment Period or the information in this letter, please contact our Office of Client Services at (609) 292-7524 to speak with an Employer Group representative.

Thank you for your assistance in making the SHBP Open Enrollment Period a success for your employees.

Enclosure:

2006 SHBP Open Enrollment Milestone Chart
Health Plan Rate Charts
Health Capsule Newsletter
Health Plan Marketing Contacts

(LOCAL – MILESTONE – 2006)

**FALL 2006 SHBP OPEN ENROLLMENT MILESTONE CHART
for Participating Local Employers**

Note: If the event is underlined, you should be accomplishing the event.

<u>PROJECTED DATE</u>	<u>EVENT</u>
Late-September	<i>SHBP Health Capsule</i> newsletter shipped to employers. <u>Distribute to employees.</u>
October 1	<u>Open Enrollment Begins.</u>
October 31	<u>Open Enrollment Ends.</u>
November 6	<u>Employer certified applications due at the Health Benefits Bureau.</u>
January 1, 2006	Open Enrollment changes effective.

(FOR EMPLOYERS WITH A PRESCRIPTION DRUG PLAN)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ PLUS-#001</u>			
Single	\$325.54	-----	\$325.54
Member & Spouse/Domestic Partner	\$326.78	\$397.73	\$724.51
Family	\$327.23	\$515.76	\$842.99
Parent & Child	\$326.08	\$154.61	\$480.69
<u>TRADITIONAL-#002</u>			
Single	\$508.24	-----	\$508.24
Member & Spouse/Domestic Partner	\$509.48	\$598.96	\$1,108.44
Family	\$509.93	\$785.74	\$1,295.67
Parent & Child	\$508.78	\$232.67	\$741.45
<u>AETNA, INC.-#019</u>			
Single	\$338.57	-----	\$338.57
Member & Spouse/Domestic Partner	\$339.81	\$407.92	\$747.73
Family	\$340.26	\$529.41	\$869.67
Parent & Child	\$339.11	\$160.82	\$499.93
<u>CIGNA HEALTHCARE-#020</u>			
Single	\$409.12	-----	\$409.12
Member & Spouse/Domestic Partner	\$410.36	\$482.05	\$892.41
Family	\$410.81	\$653.54	\$1,064.35
Parent & Child	\$409.66	\$204.46	\$614.12
<u>OXFORD-#028</u>			
Single	\$358.73	-----	\$358.73
Member & Spouse/Domestic Partner	\$359.97	\$429.15	\$789.12
Family	\$360.42	\$572.17	\$932.59
Parent & Child	\$359.27	\$178.84	\$538.11
<u>AMERIHEALTH-#033</u>			
Single	\$394.60	-----	\$394.60
Member & Spouse/Domestic Partner	\$395.84	\$482.17	\$878.01
Family	\$396.29	\$626.22	\$1,022.51
Parent & Child	\$395.14	\$187.40	\$582.54
<u>HEALTH NET-#034</u>			
Single	\$382.08	-----	\$382.08
Member & Spouse/Domestic Partner	\$383.32	\$448.99	\$832.31
Family	\$383.77	\$626.60	\$1,010.37
Parent & Child	\$382.62	\$203.50	\$586.12
<u>PRESCRIPTION DRUG PROGRAM-#201</u>			
Single	\$120.88	-----	\$120.88
Member & Spouse/Domestic Partner	\$120.88	\$155.45	\$276.33
Family	\$120.88	\$169.66	\$290.54
Parent & Child	\$120.88	\$40.51	\$161.39

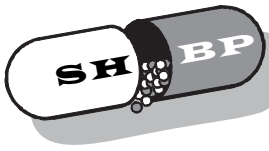
(FOR EMPLOYERS **WITHOUT** A PRESCRIPTION DRUG PLAN)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ PLUS-#001</u>			
Single	\$363.33	-----	\$363.33
Member & Spouse/Domestic Partner	\$364.57	\$444.07	\$808.64
Family	\$365.02	\$575.84	\$940.86
Parent & Child	\$363.87	\$172.62	\$536.49
<u>TRADITIONAL-#002</u>			
Single	\$607.43	-----	\$607.43
Member & Spouse/Domestic Partner	\$608.67	\$709.93	\$1,318.60
Family	\$609.12	\$933.93	\$1,543.05
Parent & Child	\$607.97	\$275.81	\$883.78
<u>AETNA, INC.-#019</u>			
Single	\$463.25	-----	\$463.25
Member & Spouse/Domestic Partner	\$464.49	\$537.58	\$1,002.07
Family	\$464.94	\$662.51	\$1,127.45
Parent & Child	\$463.79	\$171.20	\$634.99
<u>CIGNA HEALTHCARE-#020</u>			
Single	\$536.66	-----	\$536.66
Member & Spouse/Domestic Partner	\$537.90	\$614.69	\$1,152.59
Family	\$538.35	\$789.73	\$1,328.08
Parent & Child	\$537.20	\$215.04	\$752.24
<u>OXFORD-#028</u>			
Single	\$432.26	-----	\$432.26
Member & Spouse/Domestic Partner	\$433.50	\$517.35	\$950.85
Family	\$433.95	\$689.79	\$1,123.74
Parent & Child	\$432.80	\$215.56	\$648.36
<u>AMERIHEALTH-#033</u>			
Single	\$509.13	-----	\$509.13
Member & Spouse/Domestic Partner	\$510.37	\$622.48	\$1,132.85
Family	\$510.82	\$808.43	\$1,319.25
Parent & Child	\$509.67	\$241.92	\$751.59
<u>HEALTH NET-#034</u>			
Single	\$499.91	-----	\$499.91
Member & Spouse/Domestic Partner	\$501.15	\$587.88	\$1,089.03
Family	\$501.60	\$820.41	\$1,322.01
Parent & Child	\$500.45	\$266.49	\$766.94

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE DENTAL PROGRAM
LOCAL MONTHLY ACTIVE GROUP
LOCAL GOVERNMENT AND EDUCATION EMPLOYERS
DENTAL PLAN RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	MONTHLY BILLING RATE	
	MAXIMUM EMPLOYEE CONTRIBUTION (50%)	TOTAL MONTHLY RATE
DENTAL EXPENSE PLAN - #399		
SINGLE	\$20.67	\$41.34
Member & Spouse/Domestic Partner	\$35.92	\$71.83
FAMILY	\$58.77	\$117.53
PARENT & CHILD	\$43.53	\$87.06
DENTAL PROVIDER ORGANIZATIONS (DPO)		
HEALTHPLEX (DPO #307)		
ASSURANT (DPO #308)		
FLAGSHIP HEALTH SYSTEMS, INC. (DPO #312)		
SINGLE		\$20.67
Member & Spouse/Domestic Partner		\$35.91
FAMILY		\$58.75
PARENT & CHILD		\$43.52
BENECARE (DPO #301)		
SINGLE		\$24.33
Member & Spouse/Domestic Partner		\$42.26
FAMILY		\$69.16
PARENT & CHILD		\$51.23
COMMUNITY DENTAL (DPO #302)		
SINGLE		\$23.21
Member & Spouse/Domestic Partner		\$40.36
FAMILY		\$66.01
PARENT & CHILD		\$48.89
CIGNA (DPO #305)		
SINGLE		\$21.17
Member & Spouse/Domestic Partner		\$36.81
FAMILY		\$60.21
PARENT & CHILD		\$44.62
GROUP DENTAL HEALTH ADMINISTRATORS (DPO #306)		
SINGLE		\$21.06
Member & Spouse/Domestic Partner		\$36.59
FAMILY		\$59.88
PARENT & CHILD		\$44.36
DENTAL GROUP OF NEW JERSEY, INC. (DPO#314)		
SINGLE		\$19.31
Member & Spouse/Domestic Partner		\$33.59
FAMILY		\$54.93
PARENT & CHILD		\$40.70
HORIZON DENTAL CHOICE (DPO #317)		
SINGLE		\$19.57
Member & Spouse/Domestic Partner		\$34.00
FAMILY		\$55.63
PARENT & CHILD		\$41.21
AETNA DMO (DPO #319)		
SINGLE		\$20.64
Member & Spouse/Domestic Partner		\$35.91
FAMILY		\$58.74
PARENT & CHILD		\$43.53
DPO COMPOSITE RATES FOR EMPLOYEE CONTRIBUTION PURPOSES		
	MAXIMUM EMPLOYEE CONTRIBUTION (50%)	TOTAL COMPOSITE RATE
SINGLE	\$10.33	\$20.66
Member & Spouse/Domestic Partner	\$18.07	\$36.14
FAMILY	\$29.44	\$58.88
PARENT & CHILD	\$21.65	\$43.30



Health Capsule

The Division of Pensions and Benefits ♦ For County, Municipal, and School Board Employees ♦ Issue #21

Open Enrollment — Fall 2006

The State Health Benefits Program (SHBP) Open Enrollment for all eligible employees will be held from October 1 through October 31, 2006. This is your annual opportunity to review your medical, prescription drug, and dental plans, and to make any changes. Coverage changes made during this Open Enrollment will be effective on January 1, 2007.



Fall 2006

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How to Enroll and/or Make Changes

The Open Enrollment period is your opportunity to review your health insurance coverage to make sure you are enrolled for the benefits and services you need and that the providers you want are available to you. During Open Enrollment you may:

- enroll in any eligible plan offered by the SHBP, if you have not previously done so;
- change to a different medical and/or dental plan (if your employer participates; dental plans require 12 months of participation before you can change plans);
- add eligible dependents you have not previously enrolled (including over age children up to age 30 who are not currently covered or who are reaching the end of COBRA eligibility - see article on page 2);
- drop dependents*; and
- waive health and (if your employer participates) prescription drug, and/or dental coverage. SHBP dental plans require a minimum of 12 months of participation before you can voluntarily waive coverage.

To enroll or make a change to your coverage, contact your human resources representative or benefits administrator to obtain an application. Completed applications must be returned to your human resources representative or benefits administrator by October 31, 2006 or the deadline established by your benefits office. Do not send applications directly to the SHBP. For more information on the plans offered by the SHBP, visit: www.state.nj.us/treasury/pensions

**Although the Open Enrollment is the appropriate time to make certain enrollment modifications, some changes should not wait until then. Dependents should be removed when they cease to be eligible. Examples of this would be dependents who have died, ex-spouses after divorce, or children who have ceased to live with you in a "parent-child" relationship. When a covered dependent ceases to be eligible, see your benefits administrator for the form to update coverage. An application should be submitted within 60 days of ineligibility.*



SHBP Coverage for Your Child Over Age 23

An explanation of COBRA for children age 23 and a new law — Chapter 375 which provides SHBP coverage for children up to age 30

Do you have a child covered under your health plan who turns age 23 this year? A child who is age 23 as of December 31 will automatically be deleted from your coverage after December 31, 2006. However, your overage child may continue the same group coverage under the provisions of COBRA for up to 36 months. However, if the COBRA period has ended or if the child no longer qualifies for COBRA (see paragraph below for details) coverage can continue under the provisions of Chapter 375, P.L. 2005 — children may elect Chapter 375 coverage with the SHBP until their 30th birthday.

Continuing Coverage Under COBRA

COBRA is a federally regulated law that gives employees and their eligible dependents the opportunity to remain in an employer's group coverage when they would otherwise lose coverage because of certain qualifying events (such as a child attaining age 23). A child who becomes age 23 during 2006 will automatically be deleted as a "dependent" after December 31, 2006. Under COBRA an over age child will be billed once a month for the COBRA coverage (cost plus a 2 percent administrative charge) and can continue the coverage for up to 36 months. Over age children may enroll in any of the medical, dental, and/or prescription drug plans under which they were eligible.

To ensure receipt of a COBRA notice and application, you must notify your benefits administrator if your child will no longer be eligible for coverage at the end of this year. Your child must submit a completed COBRA application within 60 days of the date your employer provides you with a COBRA notice or 60 days from the date of termination, whichever is later. Rates for the cost of COBRA are available on our Web site at:

www.state.nj.us/treasury/pensions/shbp.htm

Ineligible for COBRA — SHBP Coverage Up to Age 30

For a child who is turning age 23 this year COBRA is the most cost effective option, but if your child is coming to the end of his or her COBRA coverage period or it is past the window of eligibility to take COBRA coverage, over age children may elect coverage with the SHBP until age 30 under the provisions of Chapter 375, P.L. 2005.

Eligibility

If qualified, an over age child can continue SHBP coverage until he or she turns age 30 or no longer meets the specific qualifications listed below.

An over age child by blood or by law must meet all of the eligibility requirements:

- is under the age of 30;
- unmarried;
- has no dependent(s) of his or her own;
- is a resident of New Jersey or is a full time student at an accredited public or private institution of higher education; and
- is not provided coverage as a subscriber, insured, enrollee, or covered person under a group or individual health benefits plan, church plan, or entitled to benefits under Medicare.

During calendar year 2007, an eligible child may be enrolled at any time. If the application is received by the 5th of the month, the effective date of coverage will be the first of the following month. Thereafter, a SHBP covered employee may only enroll an over age child who is Chapter 375 eligible during the Annual SHBP Open Enrollment

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Child Over Age 23 with Disabilities

Children with disabilities who are not married or in a domestic partnership who turn age 23 in 2006 and who are still dependent on you for support, may remain on your health plan upon approval of their disabled status. Requests for the continuation of coverage must be sent to the SHBP by the January 31, 2007 deadline. To apply for an extension of health benefits coverage for a dependent with disabilities, write to the Division of Pensions and Benefits, State Health Benefits Program, PO Box 299, Trenton, NJ 08625-0299 or call (609) 292-7524. Please provide your name, address, and Social Security number, and ask for the *Request for Continuance for Dependent with Disabilities* form.

New Copayments

Copayments for SHBP medical and prescription drug plans will be changing for local employees. These changes are as follows:



- For **NJ PLUS** and **all HMOs** (Aetna, Amerihealth, CIGNA, Health Net and Oxford), the copayment for primary doctor visits and visits to a specialist will increase from \$5 to \$10 as of January 1, 2007.
- The copayments for the **Employee Prescription Drug Plan** will also be increasing as of January 1, 2007. For each 30 day supply received at a retail pharmacy, the copayments will increase from \$1 to \$3 for generic drugs and from \$5 to \$10 for brand name prescription drugs. Mail order copayments for up to a 90-day supply will increase from \$1 to \$5 for generic drugs and \$5 to \$15 for brand name prescription drugs.

Current SHBP Publications

All SHBP Open Enrollment information including updated versions of the *SHBP Summary Program Description*, *SHBP Comparison Summary* chart, and rate charts are available online at: www.state.nj.us/treasury/pensions/shbp.htm

We also anticipate revisions to the following publications for the start of the 2007 plan year.

- *NJ PLUS Member Handbook*
- *Traditional Plan Member Handbook*; and
- All HMO plan books

Changing Your Doctor or Health Plan?

Changing health plans may require changing doctors or changing your doctor may require changing health plans. Whatever your situation may be, it is an important decision that requires some research. There are two sources of information that can help you make an informed choice: the *Unified Provider Directory* (UPD) and the *HMO Performance Report*.

Find a Doctor

The UPD is an online service that provides information concerning health care providers and facilities that deliver their services through one or more of the SHBP's health care plans. The UPD is available for all areas of New Jersey and Delaware, and the contiguous counties of Pennsylvania and New York. You can search for information two ways:

- by name for a provider or hospital; or
- by entering an address and ZIP Code, find the providers and facilities that are most convenient to you and which health plans they accept.

Compare HMOs

Are you considering joining or switching to an HMO? Each fall the New Jersey Department of Health and Senior Services releases its *New Jersey HMO Performance Report: Compare Your Choices*. The report provides information on how HMOs in the State are performing in providing quality care and how each HMO's own members regard the plan. The full 2005 report is available on the SHBP Web site that is provided at the end of this article. The 2006 report will be made available in late fall of 2006. To get a copy of the full performance report by mail, contact the New Jersey Department of Health and Senior Services, Office of Managed Care, PO Box 360, Trenton, NJ 08625-0360, or call 1-800-418-1397.

How to Obtain These Planning Tools

Both the UPD and the *HMO Performance Report* can be found on our Web page at: www.state.nj.us/treasury/pensions/shbp.htm and can be accessed by clicking on the "Quick Links to SHBP Information" pull down menu.

Proposed Elimination of Duplicate Coverage

At a special meeting of the State Health Benefits Commission on September 5, 2006, the Commission approved the publication of a proposed change to the New Jersey Administrative Code to prohibit duplicate health coverage under the SHBP. There will be a 60-day period for public comment. If the Commission approves the rule change following the public comment period, an individual covered under the SHBP will be permitted to have coverage as member or a dependent, but not as both. For example, if a husband and wife are both eligible for coverage under the SHBP as employees, each may elect single coverage or one may elect member/spouse coverage (covering the spouse as a dependent) provided that the spouse does not elect his or her own SHBP coverage. Qualified dependent children are only eligible for coverage under one parent. If approved, employees who are covered under the SHBP as an employee and a dependant can expect to receive notification from the SHBP that they must terminate one of the coverages. The effective date of coverage termination will be in early 2007.

HIPAA Notice for 2006

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires group health plans to implement several provisions contained within the law to annually notify its membership of any provisions for which they file an exemption.

For plan year 2006, all SHBP health plans meet or exceed the federal requirements, with the exception of mental health parity for the **Traditional Plan** and **NJ PLUS**. The State Health Benefits Commission filed an exemption from the area of mental health parity for non-biologically based mental illness with the federal Centers for Medicare and Medicaid Services for calendar year 2006 for the Traditional Plan and NJ PLUS. The maximum annual and lifetime dollar limits for mental health benefits under the Traditional Plan and NJ PLUS will not change. These limitations are outlined in the *SHBP Summary Program Description*.

SHBP Coverage for Your Child Over Age 23 *(continued from page 2)*

period — held during the month of October. Coverage for the over age child would begin in January with the start of the benefit plan year.

Enrollment and Cost Information

The SHBP covered parent is responsible for the full cost of this extended coverage and will be billed on a monthly basis. An over age child is eligible for coverage only in the medical and/or prescription drug plan that is identical to the plan in which the parent is enrolled. There are no dental or vision benefits. You can obtain the rates for Chapter 375 coverage by visiting our Web site at: www.state.nj.us/treasury/pensions/shbp.htm

In order to enroll, you must complete a *Chapter 375 Enrollment Application* which will be available on our Web site for the Open Enrollment. You may also obtain an application during the Open Enrollment by calling the Division of Pensions and Benefits at (609) 292-7524. The application for over age children must be signed by both the over age child and parent responsible for paying for the cost of coverage.

New Jersey SHBP

Health Capsule

Division of Pensions
and Benefits
(609) 292-7524

www.state.nj.us/treasury/pensions

Health Capsule is published periodically for municipal, county and school board employees and is designed to keep employees informed about developments in their health benefits program. The newsletter will address issues affecting your health and prescription benefits and will include articles on new or proposed legislation, New Jersey Administrative Code changes, decisions of the State Health Benefits Commission, and national issues affecting our programs.

The selections in this publication are for information purposes only and, while every attempt at accuracy is made, it cannot be guaranteed.

If you would like to see any particular health benefits issue addressed, please forward your ideas to *Health Capsule*, Division of Pensions and Benefits, Office of Client Services, P.O. Box 295, Trenton, NJ 08625-0295.

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NEW JERSEY STATE HEALTH BENEFITS PROGRAM MEDICAL PLANS
MARKETING MATERIAL CONTACTS*
2006 OPEN ENROLLMENT

PLAN NAME	PLAN/ HMO #	PHONE NUMBER	CONTACT PERSON
NJ PLUS Administered by Horizon Blue Cross Blue Shield of New Jersey	001	(973) 466-6666	Bella Bustamante E-mail: Bella_Bustamante@horizonblue.com
Traditional Plan Administered by Horizon Blue Cross Blue Shield of New Jersey	002	(973) 466-6666	Bella Bustamante E-mail: Bella_Bustamante@horizonblue.com

HEALTH MAINTENANCE ORGANIZATIONS

Aetna Health	019	(484) 322-6324	Erica Katz E-mail: KatzE1@aetna.com
CIGNA HealthCare	020	(201) 533-7758	Kathy Reed E-mail: kathy.reed@cigna.com
Oxford Health Plan	028	(732) 623-1937	Janet Green E-mail: JaGreen@oxhp.com
AmeriHealth HMO Plan	033	(856) 778-2789 (Adrienne) (856) 273-6079 (Kevin)	Adrienne Pascale (If not available please call – Kevin Sellers) E-mail: Adrienne.Pascale@amerihealth.com Kevin.Sellers@amerihealth.com
Health Net	034	1-888-747-7095	Lisa Geffert E-mail: Lisa.A.Geffert@Healthnet.com

***These phone numbers are for Human Resource Representative use in contacting the medical plans to obtain booklets/plan literature for employee distribution. The numbers are NOT for membership services – please do not provide them to your employees.**

**NEW JERSEY STATE HEALTH BENEFITS PROGRAM DENTAL PLANS
MARKETING MATERIAL CONTACTS*
2006 OPEN ENROLLMENT**

PLAN NAME	UNIT/ DPO #	PHONE NUMBER	CONTACT PERSON
Atlantic Southern Dental Foundation (Benecare)	301	(215) 440-1020	Lisa Conaway E-mail: lconaway@benecare.com
Community Dental Associates	302	(856) 692-4670 Fax: (856) 692-3068	Dr. Gorsen's Office — Maryanne
CIGNA Dental Health, Inc.	305	(201) 533-7758	Kathy Reed E-mail: kathy.reed@cigna.com
Group Dental Health Administrators, Inc.	306	(908) 241-9700	Betty Guarino E-mail: betty.guarino@verizon.net
International Health Care Services (Healthplex)	307	(516) 542-2208 Fax: (516) 794-3186	Patricia Mastandrea E-mail: PatriciaM@Healthplex.com
Assurant Employee Benefits (formerly Fortis Benefits Dental Care of New Jersey)	308	(973) 775-3110	Kristi Ziem E-mail: Kristy.Ziem@assurant.com
Flagship Health Systems, Inc.	312	(973) 285-4045	Danielle Delellis E-mail: DDelellis@DeltaDentalNJ.com
Dental Group of New Jersey, Inc.	314	(908) 925-6022 Fax: (908) 925-4416	Kelly Vlasic E-mail: kvlasic@DGNJ.com
Horizon Healthcare Dental, Inc.	317	(973) 466-6666	Bella Bustamante E-mail: Bella_Bustamante@horizonblue.com
Aetna DMO	319	(484) 322-6324	Erica Katz E-mail: KatzE1@aetna.com
Dental Expense Plan – Administered by Aetna Dental	399	(484) 322-6324	Erica Katz E-mail: KatzE1@aetna.com

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